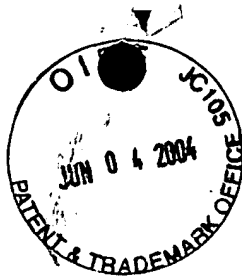


00862.021893



PATENT APPLICATION

#27/F
L8
6/22/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
HIROSHI SATOMI ET AL.) : Examiner: N. Mehrpour
Application No.: 09/547,398) : Art Unit: 2686
Filed: April 11, 2000) :
For: PORTABLE TERMINAL APPARATUS) :
AND TERMINAL APPARATUS) : June 1, 2004

RECEIVED

JUN 08 2004

Technology Center 2600

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated March 1, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

June 1, 2004

(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)

(Name of Attorney for Applicants)

(Signature)

June 1, 2004

(Date of Signature)



2686

In re Application of:

Docket No. 00862.021893

HIROSHI SATOMI ET AL.

Application No.: 09/547,398

Examiner: N. Mehrpour

Filed: April 11, 2000

TC/Art Unit: 2686

For: PORTABLE TERMINAL APPARATUS AND
TERMINAL APPARATUS

Date: June 1, 2004

Mail Stop: Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JUN 08 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

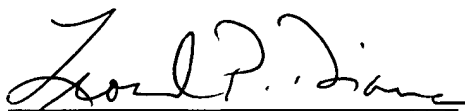
CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 21	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 4	MINUS	*** 10	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 28,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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